



BUSINESS LICENSE APPLICATION
901 Wellington Avenue Elk Grove Village IL 60007
(847) 357-4062

Business Owner

Name:

Address:

Phone:

Email:

Company Name:

Mailing Address:

Phone:

Email:

Describe nature of business:

Location of Business:

(See Fee Schedule)

License Code:

Qty:

Fee:

Total Due:

Signature/Title:

This application must be completely filled out. Incomplete applications will be returned.

Office Use Only

Account ID:

New:

Renewed:

Additional:

Effective From:

Effective To:

Licensing Officer:

Tag Number(s):

Health Inspection:

Police Inspection:

Fire Inspection:

CD Inspection:

Liquor Lic to VCO:

Date License Released:
